

SAMPLE OF HEALTH-CARE POLICIES AND PROCEDURES

CAMP STAFF RESPONSIBILITIES

All camp staff have health-care responsibilities specified in their job descriptions. Procedures for health, safety, sanitation, and security are part of written manuals, pre-camp and in-service training, and activity guidelines. First-aid qualifications are recognized by salary increments and refreshers are part of pre-camp and in-service training with emphasis on potential injuries in particular activities or locations. All staff are expected to provide a positive example.

The **camp director** is responsible for the total health-care program through implementation of procedures and supervision of staff. All camp staff, including service staff, are expected to understand and support camp discipline and child abuse reporting policies and procedures. Procedures are distributed and discussed during pre-camp training.

The camp's **health-care administrator** is responsible for providing first-aid and nursing services and for monitoring health and sanitation procedures throughout camp. The health-care administrator instructs staff in first-aid procedures including those related to protection from pathogens in bodily fluids, provides for special-medical needs, educates campers and staff in accident/illness prevention, makes sure medications are safeguarded and administered, and keeps accurate records. The health-care administrator is generally on-site when campers are in session and is responsible for orienting her backup(s) when she is absent.

Unit/cabin counselors are responsible for maintaining high standards of health and safety in all activities, for seeing that camper health needs are recognized and met, and for supervision of personal hygiene. Counselors check water temperatures before campers are allowed to shower and are responsible for general shower/latrine cleanliness. One counselor in each cabin is assigned responsibility for seeing that health procedures are implemented, that first-aid kits are maintained, and that required medications are taken on schedule. Counselors are alert to symptoms of illness, follow-up on instructions from the health-care administrator, provide for special needs/accommodations, and report to the health-care administrator on all treatment/first aid they provide.

Program counselors, including riding staff and program specialists, are responsible for maintaining high standards of health and safety in the activities they supervise. They assure that campers are physically and emotionally ready for the activity, that the activity is supervised by qualified personnel, that activity areas and equipment are in safe condition before use, and are safeguarded from casual use.

Food-service and maintenance staff are responsible for conducting their activities according to established procedures and regulations. Kitchen staff are responsible for providing healthy foods, using sound health practices, implementing sanitation and

safety practices, and rehearsing emergency procedures. Special dietary needs are recognized and accommodated when possible. If a diet requires something that the camp cannot provide, the parent or individual may be asked to provide supplementary foods. Maintenance staff are responsible for using safe practices and for being alert to environmental hazards and notifying program personnel appropriately.

MEDICAL CONSULTATION/MEDICAL SERVICE ARRANGEMENTS

A medical advisory board is available for advice and consultation. The chair reviews and revises medical treatment procedures and other materials annually, consults with the health-care administrator and director as requested, and advises in situations involving hospitalization or fatality, and when there are parental concerns.

Arrangements are made annually for medical services:

- Flight for Life—emergency transportation
- Children's Hospital—advice and hospitalization
- Family Medical Center—resident camp service/advice

CAMP PRACTICES

- ☐ Emergency procedures are practiced for a variety of emergency situations specific to the site: fire, evacuation of buildings, flood, electric storm, lost campers, etc. Emergency fire drills are held within the first 24 hours of each session. Emergency drills involve the total camp, including maintenance and kitchen staff in resident camp.
- ☐ The appearance and safety of activity and living areas is the responsibility of the supervising staff. This aspect of responsibility includes safe storage of equipment and supplies, policing the areas, posting rules, and safeguarding areas not in use. The health supervisor is responsible for conducting weekly inspection tours of the total camp.
- ☐ Supervision and teaching personal hygiene is the responsibility of counselors. This step includes, but is not limited to, frequent hand washing, regular tooth brushing, and making sure that campers showers least weekly.
- ☐ Organizational safety policies and ACA standards are basic to all activities. Deviation from those standards is done only after consultation with the camp director. Details of the health plan are contained in the following documents:
 - Basic Information about Health and Emergency Procedures
 - Handling of Serious Accidents, Major Emergencies, and Fatalities
 - Letters of Agreement with clinics, hospitals, Flight for Life
 - Medical Treatment Procedures, including procedures for screening and protection from bloodborne pathogens
 - Emergency Numbers
 - Emergency Procedures - Camp Staff and Administrative Staff

- Pre-Camp Training Plan/Job Descriptions
- Health-Examination/Health-History Forms
- Site Hazards
- "You and Safety"
- Discipline Policy and Interpretation/Reporting Child Abuse
- Camp Security, Summary, and Rationale (overnight camps)
- Resident Camp only
- Flight for Life information packet
- Camp Health, Safety, and Sanitation
- Camp Health Procedures
- Checklist for Camp Inspection
- So You're Covering the Health Center

The camp's health-care plan describes general information about the program's health-care values, the concept of stewardship related to wellness, and about the authority vested in staff members for making health-care decisions. The plan is supported by the *Health-Care Manual for Nurses and Health-Care Assistants*, which defines procedures that operationalize the health-care plan. The plan is based on guidelines from the American Camp Association's (ACA) Standards and State Department of Health regulations.

HEALTH-CARE RESPONSIBILITIES

The Nurse & Health-Care Assistant

Whether a registered nurse (RN), a recent nursing graduate, or an advanced trainee in first aid and CPR, management of the camp's health and safety program is a tremendous responsibility. The *Health-Care Manual* provides operational guidelines for the role. A variety of health-care delivery systems are used within the camp program, but it is general practice that at least one member of the team lives on-site in housing provided by the camp. This housing is part of the health center and helps assure availability of health-care staff in case of emergency.

The RN autonomously treats people's response to injury, illness, and/or life events. The health-care assistant (HA) works within the same context but does not have the autonomy of the RN and is more closely supervised as a result. The nurse/HA's responsibilities do not replace the medical expertise of a licensed physician or an equipped medical facility.

GENERAL CAMP STAFF

There are two levels of health care in which camp staff participate. The first helps maintain the health of campers. The second is a support role during illness and injury. It is reasonable for parents to assume that their child will return from a camp experience in good health. Consequently, it is the responsibility of the entire staff to help monitor that health status and refer the child to the nurse, as warranted.

In the Cabin

Within the cabin, it is the responsibility of counselors to monitor self-care (i.e., teeth brushing, management practices appropriate to the activity). While enjoying unscheduled time, it is the responsibility of staff to be aware of camper activity around them and appropriately intervene. Each of these needs attention in a way which compliments the campers' developmental stage.

Response to Injury and Illness

The second level of general staff participation in health care is specific to injury/illness. It is the position of the camp that people too ill to participate in the program should be under the care of the camp nurse/HA. As a result, staff refer sick people to the camp nurse/HA for assessment and assist with providing an appropriate activity level for those in a recovery mode.

The camp position with regard to injury is based on the State Good Samaritan law and use of universal precautions. Staff assist injured people according to the level of their training, initiate the camp emergency response system per protocol, and relinquish care of an injured person to the designated camp emergency-response team. This stipulation acknowledges that different staff members have different training and experience with emergency situations. In addition, the staff, with guidance from the director and nurse, organizes and drills camp emergency responses so that everyone knows their responsibility. Not all injuries require full emergency-response measures. The camp nurse is designated to educate staff so they understand the scope of care they can safely provide for routine injuries. Staff members are expected to adhere to training guidelines.

GENERAL ROUTINES FOR CAMP HEALTH CARE AND SANITATION

Policies Concerning Written Health Records

All staff members complete the staff health form as a condition of employment. This form is a health history completed within six months of beginning the job. If an individual has not provided a completed form when their employment begins, the nurse gives the person a copy of the form and asks for it to be completed within the next 24 hours.

A health form is also completed by campers. It also contains a physician's exam in addition to a health form. The camper form has a parent/guardian permission statement that authorizes both emergency and routine care. If a camper arrives without a health form, the child's parents are asked to complete one insofar as they are able. If the child's parents are not available, the nurse completes the form with the child and contacts the parent via phone to confirm gathered information. Parental signature for permission to treat is obtained via FAX with a hard copy sent via mail.

It is camp policy that a copy of an individual's health form accompanies groups that leave the camp and/or local area. These are usually carried by the person responsible for the group's health care.

Confidentiality

Health information is confidential and privileged information. Health forms are sent to the Director who, in turn, gives them to the camp nurse. The camp nurse reviews the forms and shares information with counseling and/or kitchen staff on a need-to-know basis. Staff must treat disclosed information in confidence.

The nurse is responsible for maintaining complete and up-to-date health records following the procedures outlined in the *Health-Care Manual*. Individual health forms contain information about each individual's health care and are the place where nursing notes are recorded. The daily medication administration record serves as documentation for routinely dispensed medications. The log provides summary information for surveillance. Health records are confidential and available only to health-care staff and the Director.

Storing Health Records

At the end of the summer camp season, health forms and records are collected by the nurse and archived at the camp's permanent facility for the period of statutory limits as defined by the state (currently seven years beyond the age of majority).

Procedure for Health Screening

Screening is conducted by the camp health-care team within 24 hours of participant arrival (staff and campers). The practice is a risk-management strategy to (a) protect the camp community from preventable illness and (b) obtain up-to-date and complete health information for each person. The procedure, a standing order from the supervising physician of the camp, is described in the *Health-Care Manual*. In general, the process updates the health form, gathers information about medications, assesses current health status (including a pediculosis screening), and specifically asks about exposure to communicable disease. It is expected that campers and staff arrive for their camp experience in good health. The camp reserves the right not to admit an ill person.

Significant findings from the screening are acted upon as warranted by the situation. For example, cases of pediculosis are treated and people exposed to chicken pox (who have no history of the illness) are quarantined. Parents/employees are notified of potential health concerns identified in the screening process (e.g., immunization needs, dental pain, vision problems).

In addition to the initial health screening, people who participate in out-of-camp excursions (i.e., canoe trips, overnights) are assessed by the nurse/HA to determine

their ability to tolerate the trip. This evaluation is done a maximum of 24 hours before the trip leaves. In consultation with the trip leader, a recommendation about each person's participation is made.

First Aid

The person designated to administer first aid is the camp nurse/HA. However, it is expected that individual staff members will coach first-aid care to the level of their training when the nurse is unavailable or until the nurse arrives. It is also expected that the staff person with the most training will assume primary care-giver status in a given situation.

First-aid supplies are available in the health center. The nurse makes first-aid kits appropriate to the needs of the camp program and trains staff about their use. A record of first-aid care is documented in each kit. The nurse periodically checks the kits, restocks them, and monitors record keeping.

First-aid kits are placed at the activity areas which pose risk of injury. Typically these areas include waterfront, arts and crafts, the kitchen, the camp van, and hiking/over-night programming. Each kit has a notebook with instructions to document first-aid kit use. Staff are expected to follow documentation guidelines (outlined in the *Health-Care Manual*).

Because the nurse is available in the camp and relieved by someone with at least first-aid certification, the waterfront is the only additional location where a first-aid and CPR-certified person must be present when the activity is open.

Emergency Medical Care

Medical care is the province of a physician. For example, John Doe, MD, a pediatrician at the Local Clinic, acts as supervising physician for the camp program. He annually reviews and updates health-care procedures with the health-care administrator. He is available to the Director and nurses by phone. He also recommends adjunct physicians who provide care to campers outside the local area.

Emergency Responses

Emergency transportation is provided by the camp van or the area's ambulance services. The nurse and Director cooperatively decide which mode of travel will be used. In general, the ambulance service is used when the victim is not stable and/or has need for special equipment (e.g., life-support systems). It is an annual responsibility of the health-care administrator to contact local emergency-response systems and arrange for their services.

Based on camp protocols, staff are trained to assist in emergencies. This training is initiated during orientation and supported by sessions led by the camp health-care team and other leadership staff. Emergency situations to which staff are expected to respond include: clearing and establishing a patient airway, initiating CPR, controlling severe bleeding with pressure and elevation, cooling a burn, keeping a suspected fracture quiet, knowing what to do in the lost-camper drill, activating the camp emergency-response team, and knowing the camp's severe-weather response. As part of risk-management procedures, each unit's staff rehearse their lost-camper drill during the first week that campers are on-site. Continued drilling is at the discretion of the director. The waterfront staff rehearses their lost-swimmer drill during the first week of arrival and at two-week intervals thereafter. Procedures specific to waterfront emergencies are in the *Waterfront Manual*.

Contacting Parents

Phone contact with parents/guardians is established in an emergency. Each person's health form contains contact information, as well as designates alternate contacts if the parents/guardians cannot be reached. This process is initiated by the Director and/or the lead health-care provider but can be delegated to an appropriate staff member. Since the program has no way of determining what each person considers an emergency, the general camp practice is to contact parents when there is concern about a person's health and/or when a situation is not progressing as expected. Phone contact is followed by a letter which provides specific information about the situation.

Because many people remotely access their voice mail, it is expected that camp personnel leave voice messages on answering machines that appropriately communicate the need for a given parent to call the camp. All contact, successful and unsuccessful, is documented on the individual's health form.

Routine Health Care

Routine health care is provided by the camp health-care team and is governed by practices outlined in the *Health-Care Manual*. This manual is reviewed annually by the camp's supervising physician and the health-care administrator. Each member of the health-care team is given a copy during orientation. Orientation of the health-care team includes a review of medical protocols, communicable disease control techniques, organization and administration of the camp health center, instructions about use of health-care inventory (medications and supplies), and guidelines for sanitation checks, record keeping policies, and education about culture-bound, health-care beliefs.

The Camp Health Center

The camp has a health center with a dispensary, office, admit area, bathroom, and nurse's room. There is one admit bed available for every 50 people (staff and campers) on-site. These beds are placed in such a way that genders can be separated and isolation can be assured.

The health center maintains "hours," times during the day when the camp nurse sees people. These hours are cooperatively determined by the director and nurse and are sensitive to the camp schedule. For example, it is inappropriate to open the health center when people are supposed to be in activities but very appropriate to open it during camp "free time." The health center tends to be most busy after evening program and just before/after meals.

Medication

It is policy that all medication (stock meds and personal meds of both staff and campers) is kept in a locked area under the nurse's supervision. This mandate complies with ACA standards and State Department of Health guidelines.

Routine personal medications are administered under the supervision of the nurse and in accord with orders from a physician or, as in the case of vitamins, upon the request of parents. Medications are most commonly given at a meal simply because people are easy to find. The nurse makes special arrangements with a person if that individual's meds need to be taken at a different time.

Use of "as needed" medication is supervised by the camp nurse. It is important to realize that the rationale for giving a particular medication must be documented. The camp recognizes that most over-the-counter meds can be administered by people educated to do so (e.g., the nursing assistant), but the decision to use most medications requires professional assessment. Consequently, not all members of the health-care team have equal ability with regard to medications. It is the responsibility of the camp RN to assess the camp health-care team and determine who is capable of administering what medications and to supervise that process.

In cases where a question exists about medication, the camp nurse must contact the appropriate person (i.e., the prescribing MD, parent) by phone to clarify the issue. This conversation is documented in the client's health record and supported by an order with the consulting individual's signature.

It is possible that a parent may send a camper with a variety of medications packaged together. The nurse may not be able to identify the medication. Nurses may not administer medication unless they follow standard nursing medication practices. Consequently, the nurse may have to tactfully arrange with the parent for a new supply of appropriately labeled medication. To minimize this potentially time-consuming event, the program's *Parent Handbook* clearly instructs parents how to route medications into the program. Camp nurses are expected to refuse to give a medication which does not meet safety guidelines.

Counselor Role in Routine Health Care

The supervision of routine health care is specifically charged to the camp nurse and health-care team. Counseling staff, however, are integral to health care also. They are specifically charged with managing cabin and activity groups to support activities of daily life (e.g., adequate rest, water, nutrition). Counselors often note symptoms of illness or signs of injury before they are noted by the nurse. Consequently, it is their responsibility to act appropriate to their observations. Specific directives are described in the *Staff Handbook*.

In addition to records kept by the nurse, the camp makes use of incident reports to document unusual situations. The camp director determines when to initiate the incident report and is charged with maintaining documentation, as well as appraising camp administration. Policy in this area is located in the *Director's Manual*.

WHEN FIRST AIDERS PROVIDE HEALTH CARE

A first aider is an individual who has taken training and is certified to give immediate emergency aid until medical care can be obtained. The first aider's certification and a record of training given at camp should be on file with the camp administrator.

Administration of medications does not fit this description and is therefore not within the authority of the first aider unless specific instructions have been given by the parent or a physician. This includes medications such as aspirin and Tylenol®.

Three essentials for administering medications, regardless of the qualifications of the health-care provider are:

- ☐ Written directions from the parent for any medications that will be given or applied for any existing condition, OR written order of a physician (including procedures in treatment procedures).
- ☐ Written record of treatment which includes the reason for the treatment, the dates and times of treatment, and the person giving treatment. When medications are given, the written record should show the medication, dosage, authority for giving it, and the name of the person administering the medication.
- ☐ Written information provided to the parent for anything that was done other than what was discussed in advance.

Medications must be in the care and protection of the health-care provider (in a locked container) to assure proper use and to protect against unauthorized use. Medications must be dispensed from the original pharmacy container with instructions for use, and must refer to the individual being treated (see below for exception).

The health history or health exam asks about being under a physician's care and about medications. This is an alert to discuss a health condition with a parent and to request the appropriate written instructions. It is not a direction to treat.

If a first aider doesn't have written instructions when a child develops a stomach ache, sore throat, headache, or other minor complaint:

- Provide a place for the child to rest. Offer the child throat lozenges, hard candy, water, or a glass of soda pop.
- Call the parent if the condition persists. Record the content of the call.
- Take the child to a medically qualified person. Send the child home if no other resolution is possible.

WHEN MEDICATIONS ARE ADMINISTERED BY FIRST AIDERS

It is essential that in addition to the aforementioned guidelines, the first aider should:

- Understand the importance of giving the medication as directed.
- Know what to do if there is an error, such as failure to give before a meal or as otherwise directed.
- Know possible reactions or side effects and how to respond if one occurs.

The health-care administrator is responsible for training first aiders for this responsibility. If the health-care administrator is a first aider, this training should come from the parent or physician.

When medications are administered away from the camp and it is not reasonable to send the entire supply on the trip, the appropriate dosage may be put into a sealed package or vial (that has not been previously used), with the individual's name, name of medication, and complete instructions for when and how to give it. The package should be in the controlled care of the adult. A written record is required.



Health Care Policies and Procedures – Groups Using Camp _____

Policy

Camp _____ will provide health-care personnel, treatment, supplies, and emergency transportation only for individuals and groups for whom Camp _____ has responsibility for supervision and major programming. This includes day camp, resident camp, tripping programs, and some family-camp sessions.

For weekend retreat programs, some family-camp programs, and all troops and groups using camp facilities and limited services (food service, program specialists, etc.), Camp _____ is not responsible for providing personnel, supplies, transportation, or health-care services.

Procedures

Contract (for outside groups) or use agreement (for troops and council groups) will specify the following:

1. Groups must provide their own adults currently certified in first aid and CPR, who are responsible for health needs of the group.
2. Groups are responsible for gathering and maintaining information on all members of the group that includes name, address, emergency contact names and numbers, and any allergies/health conditions/restrictions. For minors without a parent on-site, group leaders should also have signed permission to seek emergency treatment. Group leaders are responsible to inform camp of any allergies or restrictions of their group that may affect camp services provided (e.g., food service, program activities).
3. Groups are responsible for their own emergency transportation. Phone numbers and locations of local EMS providers, clinics, and hospitals are provided in confirmation information and also posted near all phones available to groups.
4. Groups are responsible for providing their own first-aid supplies and equipment.
5. Orientation for groups will include updated emergency procedures for the camp, including information on how to contact camp personnel in an emergency.

